

# Congress of the United States

Washington, DC 20515

September 25, 2003

Mr. Richard E. Larson  
Executive Director  
CARES Commission  
(00CARES)  
810 Vermont Avenue, NW  
Washington, DC 20420

Dear Mr. Larson:

We are writing to ask you to reconsider the proposed realignment of services at the VA Medical Centers in Vancouver, WA and Walla Walla, WA as well as the Southern Oregon Rehabilitation Center and Clinics (SORCC) in White City, OR as recommended in the Draft National Capital Assets Realignment for Enhanced Services (CARES) Plan. As the Commission continues its deliberations over the next few months, we urge you to consider the following issues before you make your final recommendation to the Secretary.

We continually hear from many veterans in both Oregon and Washington about the problems in the current VA health care system, including delays in obtaining medical care and the long distances that many veterans must travel to obtain care. Access to care is their highest priority. We are concerned that closing or significantly realigning the facilities in Vancouver, Walla Walla and White City would only exacerbate these problems.

The VA facility in Vancouver, WA is the second campus of the Portland VA Medical Center and serves veterans in both Oregon and Washington. This facility was built in 1998 for more than \$30 million and is in an ideal location on the I-5 corridor that is easily accessible for veterans from the western sides of both states. The decision to close a brand new \$30 million facility, the usage of which has rapidly increased since its opening, does not indicate a commitment to either cost effectiveness or "enhanced service."

The Vancouver campus was constructed to alleviate long delays and inadequate service in the Portland area. This year, the number of patients seeking care at the Portland and Vancouver facilities rose three times as fast as in previous years. Even with both facilities operating at full capacity, there are still over 5,000 veterans in the Portland VA system that are currently waiting to see a primary care physician. Yet, if the Vancouver campus is closed, Portland will be forced to serve those extra patients, further burdening an already overwhelmed facility. This closure would not only dramatically increase the number of veterans waiting to see primary physicians and specialists, but would also displace a significant number of veterans receiving nursing home and rehabilitation care. The Vancouver facility maintains 72 beds for these purposes, only 36 of which could be absorbed by the Portland medical center. The remaining 36 veterans would have to be transferred to private providers in the Vancouver area. However, Clark County healthcare providers have indicated that they do not have the resources to handle the additional patients.

Our concern is that the commission has failed to consider where the veterans currently served by the Vancouver campus will have to go to seek treatment and whether any facility in Veterans Integrated Service Network (VISN) 20 is equipped to handle such an influx of patients.

The Walla Walla VA Medical Center provides a wide range of critical health care services to the large veterans community of southeast Washington and northeast Oregon. While realizing that inpatient acute care and nursing home care levels there do not meet with CARES target requirements, closing this facility or curtailing the services it provides would cause unacceptable hardships for the veterans in VISN 20.

The veterans of rural northeast Oregon and southeast Washington already face significant delays in obtaining health care and must travel long distances to receive it. VISN 20 has determined that almost 40 percent of veterans who receive primary care within the Inland North Market live outside the 30-45 minute standard for access to care. Without the benefit of the Walla Walla VAMC and in the absence of a Community Based Outreach Clinic, these geographically isolated veterans would be forced to travel to Portland, Spokane, or Boise VAMCs for routine care. This possibility is simply unacceptable.

The VA SORCC in White City provides outpatient ambulatory care and inpatient mental health care to over 9,000 veterans. Its inpatient domiciliary and compensated work therapy programs target the homeless, those who suffer from chronic mental illness, and the chemically dependent. These veterans come from throughout VISN 20 and across the nation for a unique approach to care. Unlike other domiciliary programs within the VA, White City focuses on the long-term, comprehensive rehabilitation of these special-needs veterans. This important goal is performed while maintaining some of the highest cost efficiency and customer satisfaction ratings within the entire VA health care system.

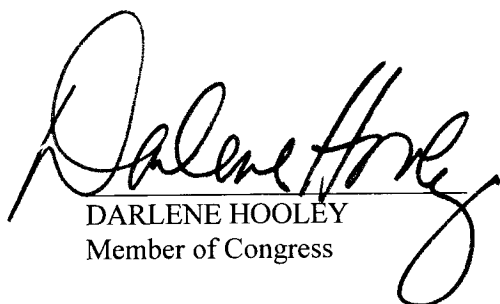
The CARES plan proposes transferring the patients housed at the White City domiciliary to "another facility in VISN 20." We do not believe that another facility in VISN 20 is capable of absorbing the 755 beds at White City. Adding to our concern is the fact that the Portland VA Medical Center has now permanently closed and transferred its 52 bed domiciliary program to White City. SORCC had absorbed those patients almost two years ago on a temporary basis. The remaining domiciliary programs at Puget Sound and Anchorage maintain only 60 and 50 beds, respectively, and would require significant investment to rise to the level of service already provided for at SORCC. We believe that possible relocation of the programs currently at White City would cause an overall increase in the costs to the VA, mitigating any short-term savings.

Veterans rely on the services provided in Vancouver, White City and Walla Walla for much needed care, and the additional strain these closures would place on the already stressed Portland Veterans Hospital and other VA facilities will hurt quality care. In addition, please consider that current state budget crises in both Oregon and Washington have resulted in an overburdened public health care system and that veterans, unable to receive timely treatment from the VA as a result of these closures may have nowhere else to turn.

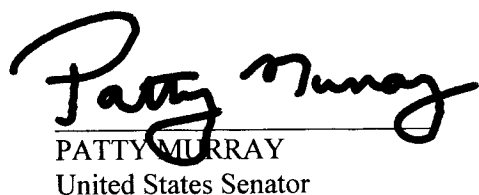
Our veterans are already short-changed by a system that is constantly over-burdened and underfunded, and closing VA medical centers will only make this worse. We find the proposal to close or realign these much needed facilities unacceptable given the lack of information about how veterans will receive the quality medical care, specialized treatment, and outpatient services they earned through their selfless service to the nation.

As you make your recommendations, we urge you to recognize the hardship these closures would impose on Oregon and Washington veterans and remove them from the list of proposed realignments.

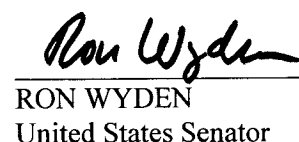
Sincerely,



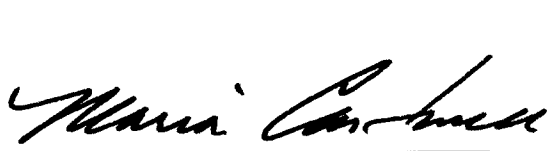
DARLENE HOOLEY  
Member of Congress



PATTY MURRAY  
United States Senator



RON WYDEN  
United States Senator



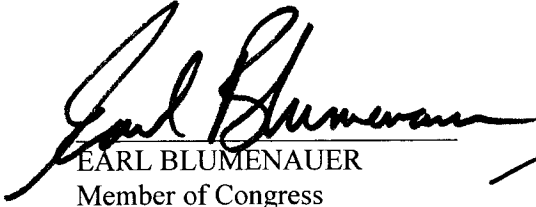
MARIA CANTWELL  
United States Senator



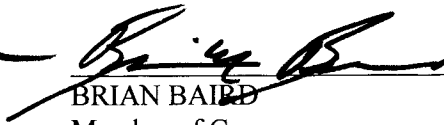
PETER DeFAZIO  
Member of Congress



GEORGE NETHERCUTT  
Member of Congress



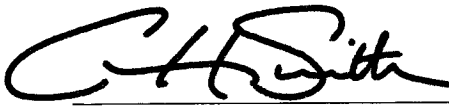
EARL BLUMENAUER  
Member of Congress



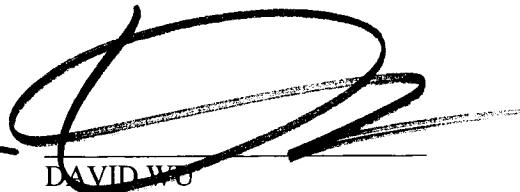
BRIAN BAIRD  
Member of Congress



GREG WARDEN  
Member of Congress



GORDON SMITH  
United States Senator



DAVID WU  
Member of Congress

COMMITTEES:

**COMMITTEE ON THE BUDGET**

**COMMITTEE ON FINANCIAL SERVICES**

SUBCOMMITTEE ON CAPITAL MARKETS,  
INSURANCE AND  
GOVERNMENT SPONSORED ENTERPRISES

COMMITTEE ON FINANCIAL INSTITUTIONS  
CONSUMER CREDIT

COMMITTEE ON DOMESTIC AND  
INTERNATIONAL MONETARY POLICY, TRADE, AND  
TECHNOLOGY

TASK FORCE ON IDENTITY THEFT AND  
FINANCIAL CRIMES, CHAIR

**COMMITTEE ON VETERANS' AFFAIRS**

SUBCOMMITTEE ON HEALTH

SUBCOMMITTEE ON OVERSIGHT AND  
INVESTIGATIONS, RANKING MEMBER

**DEFENSE STUDY GROUP**



ATTENDED

**Congress of the United States**  
**House of Representatives**  
**Washington, D.C. 20515-3705**

**DARLENE HOOLEY**

5th DISTRICT, OREGON

**CONGRESSIONAL OFFICES:**

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September 26, 2003

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Executive Director  
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810 Vermont Avenue, NW  
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Dear Mr. Larson:

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As a member of Congress and a member of the Veterans Affairs committee I have fought long and hard to make sure that we as a governing body provide to our veterans those things that were promised to them. And I cannot support the idea of losing critically needed services here in Oregon and Washington. We must keep our promise to our veterans.

I have heard from many veterans in Oregon about the problems in the current VA health care system, including delays in obtaining medical care, and the long distances that many veterans must travel to obtain care. Access to care is their highest priority. Closing or significantly realigning the facilities in Vancouver and White City would only exacerbate these problems.

The VA facility in Vancouver, WA is the second campus of the Portland VA Medical Center and serves veterans in both Oregon and Washington. This facility was built in 1998 for more than \$30 million and is in an ideal location on the I-5 corridor that is easily accessible for veterans from the western sides of both states. I must question the logic behind closing a brand new \$30 million facility, the usage of which has rapidly increased since its opening. This does not indicate a commitment to either cost effectiveness or "enhanced service."

The Vancouver campus was constructed to alleviate long delays and inadequate service in the Portland area. This year, the number of patients seeking care at the Portland and Vancouver

H

facilities rose three times as fast as in previous years. Even with both facilities operating at full capacity, the current level of underfunding means that there are still over 5,000 veterans in the Portland VA system that are currently waiting to see a primary care physician. Yet, if the Vancouver campus is closed, Portland will be forced to serve those extra patients, further burdening an already overwhelmed facility. This closure would not only dramatically increase the number of veterans waiting to see primary physicians and specialists, but would also displace a significant number of veterans receiving nursing home and rehabilitation care. The Vancouver facility maintains 72 beds for these purposes, only 36 of which could be absorbed by the Portland medical center. The remaining 36 veterans would have to be transferred to private providers in the Vancouver area. However, Clark County healthcare providers have indicated that they do not have the resources to handle the additional patients.

I also ask the commission to please consider that the unemployment rate in Oregon the highest in the country at 8.1%. Many of those unemployed are veterans and because they are not able to receive necessary health care from private sources, they are forced to seek assistance from the VA, further increasing the number of patients at the Portland medical center. Compounding this problem is the fact that VISN 20 leads the nation in Category 1 veterans and this number is continuing to grow. These veterans have service connected conditions that need ongoing evaluation and treatment. And the Pacific Northwest is the youngest VISN in the country. In the foreseeable future, the population of veterans will grow drastically placing great demands on an already over loaded system.

It appears the commission has failed to consider where the veterans currently served by the Vancouver campus will have to go to seek treatment or whether any facility in VISN 20 is equipped to handle such an influx of patients. Budget crises in both Oregon and Washington have resulted in overburdened hospitals and urgent care clinics. My question is, if the Veterans are unable to receive timely care from the VA as a result of these closures, where are they supposed to go? Closing the Vancouver facility simply does not make sense.

The VA SORCC in White City provides outpatient ambulatory care and inpatient mental health care to over 9,000 veterans. Its inpatient domiciliary and compensated work therapy programs target the homeless, those who suffer from chronic mental illness, and the chemically dependent. These veterans come from throughout VISN 20 and across the nation for a unique approach to care. Unlike other domiciliary programs within the VA, White City focuses on the long-term, comprehensive rehabilitation of these special-needs veterans. This important goal is performed while maintaining some of the highest cost efficiency and customer satisfaction ratings within the entire VA health care system.

The CARES plan proposes transferring the patients housed at the White City domiciliary to “another facility in VISN 20.” We do not believe that another facility in VISN 20 is capable of absorbing the 755 beds at White City. Adding to our concern is the fact that the Portland VA Medical Center has now permanently closed and transferred its 52 bed domiciliary program to White City. SORCC had absorbed those patients almost two years ago on a temporary basis. The remaining domiciliary programs at Puget Sound and Anchorage maintain only 60 and 50 beds, respectively, and would require significant investment to rise to the level of service already

provided for at SORCC. I believe that possible relocation of the programs currently at White City would cause an overall increase in the costs to the VA, mitigating any short-term savings.

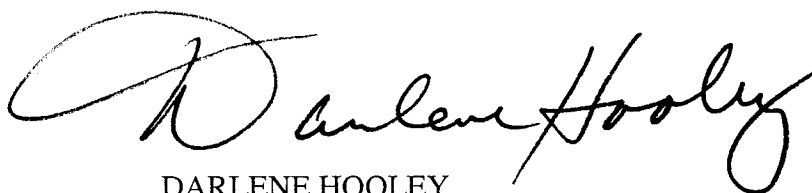
We don't need to be closing facilities, we need to be building more facilities, to care for our current veteran population and our future population of veterans. If money is going to be spent to relocate services elsewhere then why not spend that money to enhance what we already have and to meet the demands we are currently facing? We should not be closing facilities willy nilly without a plan of what to do with the veterans that rely on those facilities.

Veterans rely on the services provided in Vancouver and White City for much needed care, and the additional strain these closures would place on the already stressed Portland Veterans Hospital and other VA facilities will hurt quality care.

Our veterans are already short-changed by a system that is constantly over-burdened and underfunded, and closing VA medical centers will only make this worse. Due to the lack of funding from Congress and the administration, the VA is experiencing a budget crisis that has impaired its duty to provide quality medical care, specialized treatment and outpatient services to those individuals who bravely and selflessly fought for our country. The proposal to realign these much needed facilities is unacceptable, not only because of the many veterans who rely on the facilities in Vancouver and White City, but also for the additional strain these closures would place on the already stressed Portland Veterans Hospital and other VA facilities.

As you make your recommendations, please recognize the hardship these closures would impose on Oregon and Washington veterans and remove them from the list of proposed realignments.

Sincerely,

A handwritten signature in black ink, reading "Darlene Hooley". The signature is fluid and cursive, with a large initial "D" and a long, sweeping underline.

DARLENE HOOLEY  
Member of Congress

**Mayor Royce Pollard**  
**CARES Commission Testimony**  
**Vancouver, WA**  
**Friday, September 26, 2003**

Good morning. I am Royce Pollard, Mayor of America's Vancouver. On behalf of the Vancouver City Council and the citizens of Vancouver, I'd like to welcome Chairman Alvarez and the entire CARES Commission to our community and thank you for allowing me the opportunity to address you regarding the issues facing the Vancouver campus of the Portland/Vancouver VA Medical Center. I'm happy to be here today and am honored to represent a community that is proud to support the care of our veterans.

Before I begin, I'd like to start by thanking the staff at the Vancouver VA hospital for providing such excellent, compassionate service for so many years. As someone who uses these facilities on a regular basis I can tell you that the service here is top-notch, professional and caring. I'd also like to thank Dr. Leslie Burger, director of the Veterans Integrated Service Network for Washington, Oregon, Alaska and Idaho for his leadership over the years. I also want to thank our Congressional delegation that includes Senator Patty Murray, Senator Maria Cantwell and Representative Brian Baird for their continued support of our local veterans.

As someone who has worked in government for most of his life, I understand and appreciate the need to streamline and to make services and facilities more efficient. However, to suggest closing portions of the Vancouver campus under this mantle, or "realignment" as you call it, is not only inefficient, it is thoughtless and insensitive to the needs of our veterans.

The plan to cut the nursing home (actually, the rehabilitation facility), the primary care clinic and pharmacy from the Vancouver campus is one of the more poorly-thought out plans I've ever heard of especially when the number of patients seeking care at both the Portland VA Medical Center and the Vancouver campus rose three times as fast as usual this year. Forcing these patients to transfer from Vancouver where care is easily-accessible to make the stressful commute to a place where the parking is difficult to navigate and impossible to find does not make things more efficient in my book.

To say that you can provide care for our veterans more efficiently by moving some patients to Portland and contracting with private providers is downright cold and I challenge you to look me in the eye and prove to me and my fellow veterans that you can provide the same level, or higher, of care. Gentlemen, you can't. These are people we are dealing with, not baggage or boxes that need to be stored somewhere. I understand that it is tough to make these types of decisions. But, it is even more difficult to make them when you are 3,000 miles away and unaware of the many other issues that don't appear on a spreadsheet or in the pages of some study. While closing parts of the Vancouver campus may make sense to an accountant or planner, it doesn't make sense to anyone who knows anything about the situation here. The Vancouver campus takes a lot of pressure off the big facility in Portland which, as I mentioned earlier, has seen the number of patients triple over the past year. The facilities at the Vancouver campus are not available in Portland and there is no room for expansion at that site. I have also heard stories and complaints where it takes over four hours to get prescriptions filled at the Portland VA hospital or 6 months to even get an appointment to see a specialist. If I go to Portland I have to program 2 to 3 hours. For my visit here in Vancouver, I can be back at City Hall in less than an hour. That's service.

Having a full-service Vancouver VA campus means fewer cars on the bridge adding to the thousands of vehicles already making the commute to Portland on a daily basis. To ask our older veterans to make the commute across the most jam-packed, congested part of the entire I-5 system is mean-spirited, inefficient and unnecessary. Finally, we have a nursing home crisis here in Vancouver and Clark County. There are no private nursing home facilities available that are capable of handling the advanced needs of VA patients so I don't know where these patients will be sent as part of this realignment plan. I believe other speakers will give details on this issue.

To contemplate such moves at this time when our nation is at war is, at best, very poor timing and at worst, violates your and my commitment to our soldiers. Our veterans are coming home tired and injured. We need to take care of them in the best possible way we can. Making them commute to Portland is not the answer. I ask the CARES Commission for your strongest consideration maintaining for the services on the Vancouver VA campus. In return, I give you my community's promise that we will continue to show the same high levels of respect and dedication to our veterans that they deserve. We asked them to serve us and then we ordered them to stand between us and the enemy. They did and they are right now. It is our turn to serve them now. You and I owe them nothing less.



Thank you for this opportunity to testify.

**BETTY SUE MORRIS - CARES HEARING TESTIMONY**

**September 26, 2003**

**MEMBERS OF THE COMMISSION, THANK YOU FOR THE OPPORTUNITY TO SPEAK TO YOU ABOUT THE SIGNIFICANT DECISIONS YOU HAVE BEFORE YOU ....DECISIONS THAT WILL ULTIMATELY AFFECT THE LIVES OF THOUSANDS OF REGIONAL VETERANS.**

**MY NAME IS BETTY SUE MORRIS. I AM A MEMBER OF THE CLARK COUNTY BOARD OF COMMISSIONERS. I SERVED AS A STATE LEGISLATOR FOR EIGHT YEARS, HAVE SERVED AS A COUNTY COMMISSIONER FOR MORE THAN FIVE YEARS AND I'M A 30-YEAR RESIDENT OF CLARK COUNTY. IN THIS TIME I HAVE SEEN AN ENORMOUS INCREASE IN DEMAND FOR THE KIND OF SERVICES NOW OFFERED AT VANCOUVER'S VA FACILITIES - SERVICES INCLUDING MENTAL HEALTH AND TREATMENT FOR SPINAL CORD AND TRAUMATIC BRAIN INJURIES. VANCOUVER'S VA FACILITIES DO NOT DUPLICATE SERVICES OFFERED AT THE PORTLAND VA SITE.**

**WASHINGTON STATE IS HOME TO 700,000 VETERANS AND MILITARY RETIREES, AN INCREASING NUMBER OF WHOM RELY UPON THE VA FOR THEIR HEALTHCARE NEEDS. THIS MANDATE FROM THE VA WILL RESTRICT AND DENY HEALTHCARE ACCESS TO THOUSANDS OF REGIONAL VETERANS. THE VA SERVES MORE THAN 13,000 PATIENTS PER YEAR AT ITS VANCOUVER SITE TOTALING ABOUT 76,000 VISITS. WE HAVE AN OBLIGATION, BOTH FINANCIAL AND MORAL, TO MEET VETERANS' NEEDS.**

**IF THE RATIONALE FOR FACILITY CLOSURES IS COST-SAVINGS, THERE IS NO BASIS FOR THE RECOMMENDATION. OUTSOURCING FOR**

TREATMENT WILL NOT ONLY BE COSTLY, BUT THERE IS NO CERTAINTY THAT ALTERNATIVE SERVICES ARE AVAILABLE IN THE AREA.

VANCOUVER'S VA FACILITIES DO NOT DUPLICATE SERVICES OFFERED AT THE PORTLAND VA SITE.

THE LOCAL VETERANS ADMINISTRATION HAS BEEN WORKING WITH THE COUNTY FOR MORE THAN SIX YEARS ON A PROJECT THAT WILL SERVE AS A NATIONAL MODEL FOR HEALTH AND SOCIAL SERVICES CARE. VISIONARIES WITH THE LOCAL VA, CLARK COUNTY AND FIVE LOCAL NON-PROFITS WILL SEE GROUNDBREAKING ACTIVITY IN ABOUT THREE MONTHS FOR THE NEW CENTER FOR COMMUNITY HEALTH. THE \$30 MILLION PROJECT IS A GIANT STEP FORWARD FOR REGIONAL VETERANS AND THE COUNTY'S MOST VULNERABLE CITIZENS.

THIS PARTNERSHIP WILL INCREASE EFFICIENCIES AND REDUCE COSTS. BUT, MOST IMPORTANTLY, IT WILL FULFILL THE DEBT WE OWE OUR NATION'S VETERANS BY PROVIDING A MODERN, ENHANCED HEALTHCARE SYSTEM – ONE THEY CAN RELY ON NOW AND IN THE YEARS TO COME.

IF THE COMMISSION DECIDES TO CLOSE NURSING AND PRIMARY CARE FACILITIES HERE ON THE VA CAMPUS, THE DECISION WILL RUN COUNTER TO YEARS OF PROGRESS AND ATTEMPTS TO BETTER SERVE OUR HONORED VETS.

ON BEHALF OF CLARK COUNTY VETERANS AND THOSE PORTLAND AREA VETS WHO SEEK AND DESERVE QUALITY CARE IN VANCOUVER, PLEASE ABANDON ANY PLANS TO CLOSE FACILITIES AND GRASP THE

**SPIRIT OF LOCAL VISIONARIES WHO HAVE DECIDED THAT  
TOGETHER WE CAN SOLVE PROBLEMS – WALKING AWAY FROM THEM IS  
NOT AN OPTION.**

**September 16, 2003**